

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

## CLAIMS AS FILED - PART I

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20=    | *            |
| INDEPENDENT CLAIMS  | minus 3 =    | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|             | (Column 1)  |   | (Column 2)                         |     | (Column 3)    |
|-------------|---|---|------------------------------------|-----|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT  |   | HIGHEST NUMBER PREVIOUSLY PAID FOR |     | PRESENT EXTRA |
|             | Total   | * | Minus                              | **  | =             |
|             | Independent   | * | Minus                              | *** | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |                                    |     |               |

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|             | (Column 1)  |   | (Column 2)                         |     | (Column 3)    |
|-------------|---|---|------------------------------------|-----|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT  |   | HIGHEST NUMBER PREVIOUSLY PAID FOR |     | PRESENT EXTRA |
|             | Total   | * | Minus                              | **  | =             |
|             | Independent   | * | Minus                              | *** | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |                                    |     |               |

|             | (Column 1)  |   | (Column 2)                         |     | (Column 3)    |
|-------------|---|---|------------------------------------|-----|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT  |   | HIGHEST NUMBER PREVIOUSLY PAID FOR |     | PRESENT EXTRA |
|             | Total   | * | Minus                              | **  | =             |
|             | Independent   | * | Minus                              | *** | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |                                    |     |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

### SMALL ENTITY TYPE ☐

| RATE      | FEE   |
|-----------|-------|
| BASIC FEE | \$375 |
| X\$ 9=    |       |
| X42=      |       |
| +140=     |       |
| TOTAL     |       |

### OR OTHER THAN SMALL ENTITY

| RATE      | FEE   |
|-----------|-------|
| BASIC FEE | \$750 |
| X\$18=    |       |
| X84=      |       |
| +280=     |       |
| TOTAL     |       |

### SMALL ENTITY TYPE ☐

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

### OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X84=             |                |
| +280=            |                |
| TOTAL ADDIT. FEE |                |

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |                        |          |  |    |  |    |  |  |  |
|---|-----------------------------------|---|------------------------|----------|--|----|--|----|--|--|--|
| 1 Date of Request: _____                              |                                   | 2 Serial/Patent # _____   |                        |          |  |    |  |    |  |  |  |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER<br>NUMBER   | 5 DATE<br>FILED        | 6 AMOUNT |  |    |  |    |  |  |  |
|   | Filing                            |   |                        | \$       |  |    |  |    |  |  |  |
|   | Amendment                         |   |                        | \$       |  |    |  |    |  |  |  |
|   | Extension of Time                 |   |                        | \$       |  |    |  |    |  |  |  |
|   | Notice of Appeal/Appeal           |   |                        | \$       |  |    |  |    |  |  |  |
| 122   | Petition                          | 2   | 4-26-00                | \$130    |  |    |  |    |  |  |  |
|   | Issue                             |   |                        | \$       |  |    |  |    |  |  |  |
|   | Cert of Correction/Terminal Disc. |   |                        | \$       |  |    |  |    |  |  |  |
|   | Maintenance                       |   |                        | \$       |  |    |  |    |  |  |  |
|   | Assignment                        |   |                        | \$       |  |    |  |    |  |  |  |
|   | Other                             |   |                        | \$       |  |    |  |    |  |  |  |
|   |                                   | 7 TOTAL AMOUNT<br>OF REFUND   |                        | \$130    |  |    |  |    |  |  |  |
|   |                                   | 8 TO BE REFUNDED BY:  |                        |          |  |    |  |    |  |  |  |
| 10 REASON:  |                                   | <input checked="" type="checkbox"/> Treasury Check<br><input type="checkbox"/> Credit Deposit A/C #:  |                        |          |  |    |  |    |  |  |  |
|   | Overpayment                       | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">--</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> |                        |          |  |    |  | -- |  |  |  |
|   |                                   |   |                        |          |  | -- |  |    |  |  |  |
|   | Duplicate Payment                 |   |                        |          |  |    |  |    |  |  |  |
| ✓   | No Fee Due (Explanation):         |   |                        |          |  |    |  |    |  |  |  |
| PET DUE TO PTO ERROR                                  |                                   |   |                        |          |  |    |  |    |  |  |  |
| 11 REFUND REQUESTED BY:                               |                                   |   |                        |          |  |    |  |    |  |  |  |
| TYPED/PRINTED NAME: <u>DOUGLAS WOOD</u>               |                                   |   | TITLE: <u>PET ATTY</u> |          |  |    |  |    |  |  |  |
| SIGNATURE: <u>DW</u>                                  |                                   |   | PHONE: <u>306-6918</u> |          |  |    |  |    |  |  |  |
| OFFICE: <u>PET</u>                                    |                                   |   |                        |          |  |    |  |    |  |  |  |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |                        |          |  |    |  |    |  |  |  |
| APPROVED: <u>Liana Chase</u>                          |                                   |   | DATE: <u>2/21/01</u>   |          |  |    |  |    |  |  |  |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: